

**MULTIPLE DEPENDENT CLAIM**

**FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

101581609

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54		4				
55	1					
56		1				
57	1					
58		1				
59		1				
60		0				
61	1					
62	1					
63	1					
64	1					
65	1					
66		1				
67		1				
68		1				
69		1				
70		5				
71		5				
72		3				
73	1					
74		1				
75		1				
76		1				
77		1				
78		5				
79		5				
80		5				
81	1					
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91	1					
92	1					
93	1					
94	1					
95	1					
96	1					
97	1					
98	1					
99						
100						
TOTAL IND.	30	↓		↓		↓
TOTAL DEP.	48	←		←		←
TOTAL CLAIMS	78					